

## **MED - Long Term Care 456 Psychiatric Medical Institution for Children Facilities Onsite Review**

**Purpose:** To assist the state in maintaining compliance with 42 CFR 456, annually a review team that includes a Medical Services registered nurse conducts onsite inspections of care for Psychiatric Mental Institutions for Children (PMIC). The inspection includes an observation of the member to verify the health and safety of the member and participation in active treatment. The inspection requirements also include:

- a. Certification of need for care
- b. Medical, psychological and social evaluation developmental findings where applicable
- c. Exploration of alternative services
- d. Active treatment
- e. Consistency of services and treatment with plan of care
- f. Appropriateness of placement

The focus of the onsite inspection of care is to evaluate the appropriateness of the individual's placement in the facility and that services are meeting the treatment needs of the members. The inspection does not duplicate facility certification activities conducted by the Department of Inspection and Appeals (DIA), as appropriate Medical Services will collaborate with DIA including sharing facility reports.

### **Identification of Roles:**

Project Assistant (PA) – supports review activities, manages Inspection of Care Access database, and assists in coordinating team communications and schedules.

Review Coordinator (RC) – schedules onsite visits with facilities and completes onsite reviews. The RC will be present at all on-site annual visits. The review team will always include a registered nurse (RN).

Manager – provides supervision and support to PA and/or RC and provides consultation on level of care or quality of care concerns.

Medicaid Medical Director (MMD) – reviews quality of care concerns, and approves corrective action plan requests that include quality of care concerns.

Clinical Assistant to the Medicaid Medical Director (CAMD) - reviews quality of care concerns and approves corrective action plan requests that include quality of care concerns.

### **Performance Standards:**

Conduct annual on-site utilization review visits between months 10 and 12 following the prior year visit to PMIC facilities.

## **Path of Business Procedure:**

**Step 1:** The manager or designee will establish facility assignments.

**Step 2:** The review coordinator (RC) will create a general calendar for completing onsite reviews annually.

**Step 3:** The RC with the assistance of the PA will contact the facility by fax and telephonically no more than 48 hours prior to the visit.

**Step 4:** The RC will explain the purpose and requirements of the onsite visit to the facility director either telephonically or by a faxed letter, to evaluate from the member's perspective the appropriateness of placement and the benefits of active treatment. The review is not a certification or inspection of the facility or environment.

**Step 5:** The RC will request the name of the facility staff person who will assist with the onsite review.

**Step 6:** The RC will provide the facility an estimate of length of visit.

**Step 7:** The RC will provide a copy of the Inspection of Care tool that is located on the DHS website, with the faxed letter to the facility.

**Step 8:** The RC will request appropriate workspace for conducting medical record audits.

**Step 9:** The RC will discuss the plans for observation of the member.

**Step 10:** The RC will explain that within 30 days after the onsite visit the facility will receive a report detailing the results.

**Step 11:** Once onsite the RC will meet with the designated staff, answer any questions about the review and initiate the medical record and observation activities. Staff must always carry their Iowa Medicaid Enterprise (IME) picture identification badge displayed so that it is easily observable. Staff must follow reasonable facility procedures including checking in with the designated facility personnel. Staff should follow all safety procedures as described in MED – Administrative Functions, Medicaid Member and Staff Safety.

**Step 12:** After being set up by the facility with a place to work, the RC will review the current medical records for all members admitted at the time of the onsite inspection using the Inspection of Care tool for facility type. The members whose medical record reviews do not meet criteria or have quality concerns will be sent for peer review.

**Step 13:** The review coordinator (RC) will conduct observation of all members under the age of 21 in the PMIC facility except for private pay members.

**Step 14:** The RC may complete the observation of the member in the following situations:

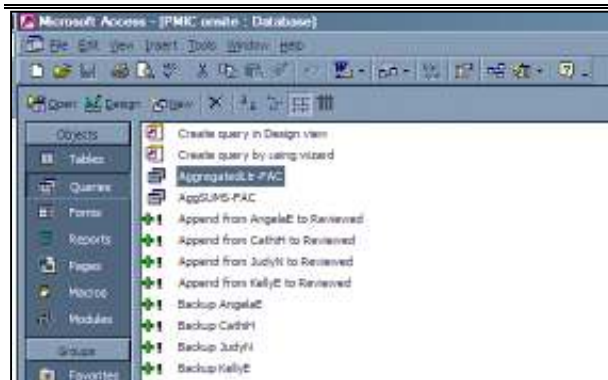
- a. Work or day treatment environment
- b. Meal time
- c. Planned leisure activity
- d. Structured training time
- e. One on one conversation with member or introduction.

This process does not have to involve a structured interview of the member and observation will be sensitive and respectful of the member.

**Step 15:** The RC will utilize the Inspection of Care tool and enter the results into the access database.

- a. Each RC has a database located at \\Dhsime\PMIC.

PMIC Tracking Database



**Step 16:** The RC will open database.

**Step 17:** The RC will open a blank Inspection of Care tool.

**Step 18:** The RC will complete the form and use the drop down boxes to complete the review.

## Forms/Reports:

### Inspection of Care Tool

Facility  
ID:

SID:

Member Name:

Review  
Date:

Coord:

Review Type:

Admit Date:

A. Admission certification, plan of care			
	Components	Outcome	Comments
1)	Admission review completed. Admission certification by a physician or review team 42 CFR 456.481(a)		
2)	a) Development and periodic review of the plan of care confirmed. 42 CFR 456.481(b) (c)		
	b) Physician recertification of need for care. 42 CFR 456.481(b) (c)		
3)	a) Completion of continuing stay reviews utilizing medical evaluations confirmed. 42 CFR 456.481(b)		
	b) Completion of continuing stay reviews utilizing psychiatric evaluations confirmed. 42 CFR 456.481(b)		
	c) Completion of continuing stay reviews utilizing social evaluations confirmed. 42 CFR 456.481(b)		
Subtotal Score			(6 possible)
B. Medical, psychiatric and social evaluations			
	Components	Outcome	Comments
1)	Interdisciplinary team must make a comprehensive medical, social and psychological evaluation of need for care. 42 CFR 456.370(a)(1-8)		
2)	Assessment includes:		
	a) Diagnoses		
	b) Presenting problems		
	c) Presenting symptoms		
	d) Medical history		
	e) Social history		
	f) Mental functional capacity		
	g) Physical functional capacity		
	h) Prognosis		
	i) Services needed		
	j) Evaluation of resources available in the home.		
	k) Evaluation of resources available in the family.		
	l) Evaluation of resources available in the community.		
	m) Recommendation of admission or continuing stay		
Subtotal Score			(14 possible)
C. Appropriateness of Treatment for Level of Care			
	Components	Outcome	Comments
1)	a) Plan of care developed within 14 days of admission. 42 CFR 441.154(a) and 42 CFR 456.610 (a),(b)(1)		
	b) Plan of care updated monthly. 42 CFR 441.154(a) and 42 CFR 456.610 (a),(b)(1)		
2)	Plan of care designed to achieve member's discharge at the earliest possible time 42 CFR 441.154(b)		

C. Appropriateness of Treatment for Level of Care (continued)			
	Components	Outcome	Comments
3)	Plan of care must include: <i>42 CFR 456.180(b)1-6</i>		
	a) Diagnosis indicating need for admission		
	b) Symptoms indicating need for admission		
	c) Complaints indicating need for admission		
	d) Complications indicating need for admission		
	e) Functional level		
	f) Objectives are measurable		
	g) Objectives are time limited		
	h) Orders for medications designed to meet objectives of care plan.		
	i) Orders for treatments designed to meet objectives of care plan.		
	j) Orders for restorative & rehabilitative services designed to meet objectives of care plan.		
	k) Orders for activities designed to meet objectives of care plan.		
	l) Orders for therapies designed to meet objectives of care plan.		
	m) Orders for social services designed to meet objectives of care plan.		
	n) Orders for diet designed to meet objectives of care plan.		
	o) Orders for special procedures designed to meet objectives of care plan.		
	p) Plan for review & modifications of plan of care		
	q) Plan for discharge with care review at least every 90 days		
4)	Plan is implemented as written		
5)	Ordered services provided and recorded <i>456.610 (a)</i>		
6)	Medication review completed at least every 30 days <i>42 CFR 456.610(b)(1)</i>		
7)	Progress notes are present as required <i>42 CFR 456.610(d)</i>		
8)	a) Needed services provided by facility <i>42 CFR 456.610(g)</i>		
	b) Needed services not provided by facility secured from arrangements with others <i>42 CFR 456.610(g)</i>		
9)	a) Member needs continued placement at PMIC level of care. <i>42 CFR 456.610 (h)</i>		
	b) There is an appropriate plan to transfer to alternate method of care <i>42 CFR 456.610 (h)</i>		
	Subtotal Score		(29 possible)
D. Observation			
	Components	Outcome	Comments
1)	Time of observation:		
2)	Location:		
3)	Activity observed:		
4)	Observed interaction/behavior indicates:		
	a) Health needs are met		
	b) Social needs are met		
	c) Receiving active treatment		
5)	Progress notes are consistent with observed condition of the member		
	Subtotal Score		(4 possible)

Subtotal Section A	Subtotal Section B	Subtotal Section C	Subtotal Section D	Overall Score
/ 6	/ 14	/ 29	/ 4	/ 53

**Comments:**

--

**Corrective Action:**

--

**Outcome:** 1 - Met; 0 - Not Met; N - not applicable

**RFP Reference:**

6.2.6.2

**Interfaces:**

N/A

**Attachments:**

N/A

**MED - Long Term Care 456 Psychiatric Medical Institutions for Children  
Onsite Review – Reports to Facilities and Corrective Action Plans**

**Purpose:** Facilities receive a written report of the outcome of the inspection within 30 days of the onsite review. Facilities that do not meet standards for treatment planning, active treatment, treatment plan implementation, or who are not meeting the social, health and safety needs of the member will be required to submit a Corrective Action Plan (CAP) as directed by DHS.

**Identification of Roles:**

Review Coordinator (RC) – completes onsite facility review and makes recommendation for CAP.

Project Assistant (PA) - compiles information given by the RC and sends to facility for review.

Manager – approves CAP recommendation and reports all quality concerns to MMD and DHS.

Medicaid Medical Director (MMD) – reviews and approves action plan recommendations involving quality of care concerns.

Clinical Assistant to the Medicaid Medical Director (CAMD) - supports medical director in quality of care reviews and review of action plans.

### **Performance Standards:**

Conduct annual on-site utilization review visits between months 10 and 12 following the prior year visit to PMIC facilities.

### **Path of Business Procedure:**

**Step 1:** The RC will complete onsite inspection of care using the Inspection of Care Tool and observation.

- a. If urgent quality of care concerns are noted the RC will contact the manager immediately and describe the concerns.
- b. Issues that may constitute quality of care concern include:
  1. Health and safety of member at risk
  2. Plan of care is incomplete, fails to address needs and/or not updated monthly
  3. Medications not reviewed at least every 30 days
  4. Progress notes not present
  5. Member is not benefiting from active treatment
  6. Member has service need identified, however, the facility is not providing the service to address the need or securing the service from arrangements with others
  7. Member is unable to tolerate active treatment due to medical reasons
  8. Facility is not providing active treatment
  9. Facility is not meeting the health needs of the member.
  10. Facility is not meeting the social needs of the member.

**Step 2:** Once the manager, DHS, or MMD, have made the determination for a corrective action, the facility is informed on the Inspection of Care tool sent within 30 days of the review and any corrective action that needs to be taken.

- a. If an immediate threat to the member's health and safety is present, the manager will take action as directed by DHS.

Corrective Action
«CAPComments»

**Step 3:** Once the facility review is complete, a CAP is determined, and with manager approval, an aggregate letter will be created by the PA.

- a. The aggregate letter will give the total score of all of the members that were reviewed in that facility.

**Step 4:** The aggregate letter is mailed within 30 days of the onsite review to the facility with a copy of the Inspection of Care tool.



**Step 5:** It is expected that the facilities will have no more than 30 days from the date of the aggregated letter to address and correct the concerns by responding in writing detailing steps they are taking to address them.

a. The corrective action response will include the following information:

1. Date of the onsite visit
2. Name of member
3. Member's State identification number (SID)
4. The number correlating to the identified item(s) requiring corrective action cited in the Inspection of Care Tool report
5. Explicit steps the facility has taken to correct the problem
6. The planned steps undertaken to sustain change
7. Date by which correction will be completed
8. Staff responsible for the action plan

**Step 6:** Once the CAP is received from the facility, it will be uploaded into OnBase for the RC to review and complete. If there are concerns then the RC will report these to the manager and the manager will review CAP with DHS and MMD.

**Step 7:** If a returned CAP is unacceptable than the facility will be notified in writing of necessary steps to correct.

## Forms/Reports:

### Facility Scoring Results Letter

Date  
Facility Name  
Address  
City, State Zip

Re: Onsite visit – (Date); 30 Day Report

Dear (Facility Director Name):

Iowa Medicaid Enterprise (IME) Medical Services conducted an onsite visit at your facility on (date). This onsite review was conducted accordance with the Code Federal Regulation (CFR) 42, Chapter IV, Part 456 that requires an independent review of the care being provided to Medicaid members in institutions to be conducted annually by a team of professionals.

Attached please find copies of the Inspection of Care review information regarding each Medicaid member's file and observation. The results of the review are as follows:

Number of members reviewed:

Number of continuing stay reviews completed:

Part A Admission certification, plan of care:

Sub Total Score:

Possible Score:

Part B Medical, psychiatric and social evaluations:

Sub Total Score:

Possible Score:

Part C Appropriateness of treatment for level of care:

Sub Total Score:

Possible Score:

Part D Observation:

Sub Total Score:

Possible Score:

Overall Score:

Overall Score:

Possible Score:

Findings: (summary of most prevalent trends)

Notable practices: (summary of exceptional processes noted. Delete if none were found)

Corrective Action: (description of needed changes including peer review consultation, due date for changes and method of confirming changes, i.e. written response, additional onsite visit to review random sample. Delete if no corrective action was needed.)

Thank you for your assistance and the support received from your staff in completing this onsite review. For questions related to the onsite visit process or level of care review, please see Informational Letter No. 745 dated September 17, 2008. The letter can be found at the IME website, <http://www.ime.state.ia.us>, click on Reports and Publications, Provider Bulletins. You may also contact Medical Services Unit 1-800-383-1173 or locally at 515-725-1008.

(Provider Name)  
(Provider Number)  
Onsite 30-day Report (date)

Sincerely,  
Manager PMIC Review  
Medical Services  
Iowa Medicaid Enterprise

Enclosures: Inspection of Care Review Forms

cc: DHS Policy Specialist  
DIA

**RFP Reference:**

6.2.6.2

**Interfaces:**

N/A

**Attachments:**

N/A

**MED - Long Term Care 456 Psychiatric Medical Institution for Children  
Onsite Review Reports**

**Purpose:** The reports will detail compliance with utilization review standards of 42 CFR 456 and include all results of performance standards and program activities.

**Identification of Roles:**

Project Assistant (PA) - assists manager in database management, provides query data, develops report formats, assists with monthly, quarterly, and annual reports.

Review Coordinator (RC) – completes inspection and compiles results of member and facility review.

Manager – proofs review outcome reports, prepares quarterly performance standard reports, and aggregate facility reports.

**Performance Standards:**

Performance standards are not specified for this procedure.

Reports required for onsite inspection are:

Report Name	Frequency	Due Date	Measure
Member Inspection of Care Report	Annual	30 Days after onsite review	Inspection of Care Tool Scores
Facility of Inspection of Care Report	Annual	30 Days after onsite review	Aggregated scores of Inspection of Care Tool
Quarterly Narrative Report	Quarterly	10 <sup>th</sup> Working day following end of quarter	1.) Number of facilities reviewed 2.) Number of members reviewed 3.) Number of facilities requiring corrective action 4.) Number of facilities visited between 10 and 12 months following the prior year visit

**Step 1:** The manager develops the report formats for the onsite review reports to facilities and the quarterly narrative report.

**Step 2:** The RC completes the Inspection of Care tool as required by the program and tallies the scores of each section in the access database.

**Step 3:** The PA completes queries to retrieve the reports due to be sent each month.

**Step 4:** The manager reviews the RC's work within the database, finalizes compilation of data.

**Step 5:** The manager notifies the project assistant that the facility reports are approved for printing and sending.

**Step 6:** The PA prints and mails the individual score sheets and aggregate letter report to the facility and to DHS within 30 days of the evaluation. If documentation supporting the facility's program is not satisfactory, recommendations and request for corrective action will be submitted with the report to the facility and to DHS.

**Step 7:** Quarterly review information is compiled by the manager including:

- a. # of facilities reviewed
- b. # of members reviewed
- c. # of facilities needing corrective action
- d. # of reviews conducted within 10-12 months of the previous review

Quarterly data is forwarded to the designated program assistant for inclusion in the Medical Services quarterly report.

## **RFP Reference:**

6.2.6.2

## **Interfaces:**

N/A

## **Attachments:**

N/A

## **MED - Long Term Care 456 Psychiatric Medical Institution for Children Disruption of Business Plan**

**Purpose:** In the event that the onsite inspection of care review operation is disrupted then the following procedures will be followed.

## **Performance Standards:**

Conduct annual on-site utilization review visits between months 10 and 12 following the prior year visit to PMIC facilities.

## **Path of Business Procedure:**

**Step 1:** When laptop is not available, the RC will use paper copies of the Inspection of Care tool to complete the onsite review.

**Step 2:** The RC will enter review information in the access database when restored.

## **Forms/Reports:**

N/A

**RFP Reference:**

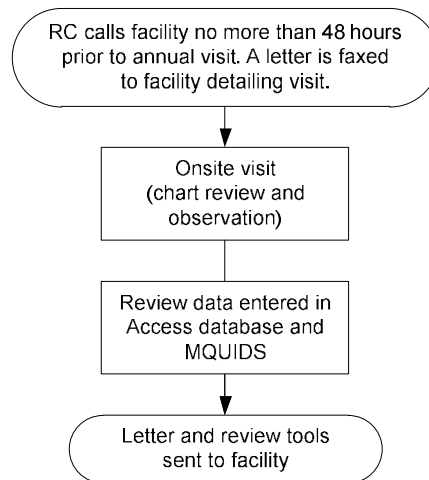
6.2.6.2

**Interfaces:**

N/A

## Attachment A:

### PMIC Annual Facility Review



\\dhsime\MEDSRV\Process Maps\PMICAnnual.vsd